



Key:

CXR=Chest x-ray	CBC=Complete Blood Count
E =Evaluation	Sx =Symptom Review
S =Sputum	CA =Communication alert
CP =Chem Panel	V =Video Phone

Monthly Evaluation

Date: ____/____/____
Weight _____

SYMPTOM REVIEW	Y	N
Cough		
Hemoptysis		
Fever / Chills		
Night Sweats		
↓ Appetite		
Weight Loss		
Fatigue/Weakness		
SIDE EFFECTS		
Nausea / vomiting		
Abdominal pain		
Jaundice skin / eyes		
Brown/dark urine		
Skin rash		
Numb hands / feet		
Joint Pain		
Fatigue/Weakness		
Bleeding/Easy Bruising		
Blood in urine		
Flu like symptoms		

Monthly Evaluation

Date: ____/____/____
Weight _____

SYMPTOM REVIEW	Y	N
Cough		
Hemoptysis		
Fever / Chills		
Night Sweats		
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DISCHARGE

DATE: ____/____/____

Documentation:

☐ Completion card finalized and given to client.

☐ Discharge education given per protocol

☐ Client not available to receive completion card

Reason for discharge:

☐ Completed therapy

☐ Moved, case transferred

☐ Lost

☐ Uncooperative or Refused

☐ Not Active Tuberculosis

☐ Died

☐ Other

☐ Unknown

DRUG ALLERGIES:

[illegible]

Last Name _____ First Name _____ DOB _____ Age _____ Sex ☐ Male ☐ Female Language _____ Interpreter needed Yes ☐ No ☐